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Primary care Identification and Referral to Improve Safety of women experiencing domestic violence: a randomised controlled trial

Submission date 21/05/2007	**Recruitment status** No longer recruiting	[_] Prospectively registered [X] Protocol [_] Statistical analysis plan [X] Results [_] Individual participant data
Registration date 27/09/2007	**Overall study status** Completed	
Last Edited 16/01/2018	**Condition category** Other	

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

Contact name
Prof Gene Feder

Contact details
Community Based Medicine
25/27 Belgrave Road
Clifton
Bristol
United Kingdom
BS8 2AA

Additional identifiers

Protocol serial number
1

Study information

Scientific Title
Primary care Identification and Referral to Improve Safety of women experiencing domestic violence: a randomised controlled trial

Acronym
IRIS

Study objectives
Will a training and support programme for general practices increase the identification and referral to domestic violence agencies of women survivors of domestic violence?

Ethics approval required
Old ethics approval format

Ethics approval(s)
Ethics approval received from the NHS National Research Ethics Service - South East Research Ethics Committee on the 27th July 2007 (ref: 07/MRE01/65).

Study design
Cluster randomised controlled trial; unit of randomisation is practices.

Primary study design
Interventional

Study type(s)
Screening

Health condition(s) or problem(s) studied
Domestic violence referrals in General Practices

Interventions
Practices in Hackney and Bristol will be randomly allocated to the intervention and control group.

Intervention:
The intervention is designed to address the barriers to making a general practice domestic violence "competent" and improves the quality of care for survivors of abuse. This will entail two 2-hour multi-disciplinary training sessions with clinicians using case studies and role-play in relation to asking about violence and responding appropriately.

This will be followed by periodic reinforcement sessions feeding back practice data on disclosure and referral and encouraging discussion about improving the quality of care. The clinicians include General Practitioners (GPs) and directly employed practice staff (practice nurses and counsellors) and those employed by trusts (midwives, health visitors, district nurses). We will also engage administrative staff in a session that will highlight their role in data handling and confidentiality.

Feedback of anonymous disclosure and referral data can be done at practice meetings at which the program would be a regular agenda item. In each intervention practice we will identify a "champion" for the project. They can be from any of the clinical disciplines and will have the agreement of the practice to attend additional training about domestic violence and integrating this into the work of the practice. The advocate-educator will, in conjunction with the practice champion, meet with smaller groups of clinicians to address problems that have arisen around identification, support and referral.

Control:
The control group is made up of 12 general practices in Bristol and 12 in London.

The educational and support intervention will be continuous over the year of follow-up from first educational session. Intervention and control practices will be followed up for one year.

Intervention Type
Other

Phase
Not Specified

Primary outcome(s)
Recording in the medical record identification of women who have experienced or are experiencing domestic violence, measured at 3 months, 6 months, 9 months and one year.

Key secondary outcome(s))
1. Referral of women who have experienced or are experiencing domestic violence to specialist domestic violence agencies and/or practice based counselling
2. Knowledge, beliefs, and practices of health care professionals with regards to domestic violence (Physician REadiness to Manage Intimate partner violence Survey [PREMIS] questionnaire to participating clinicians)
3. Expectations and experiences of clinicians targeted by the intervention (interviews with purposive sample of clinicians in intervention practices

All secondary outcomes will be measured at 3 months, 6 months, 9 months and one year.

Completion date
30/06/2010

Eligibility

Key inclusion criteria
General practices within City and Hackney or Bristol Primary Care Trust (PCT) if they record consultations electronically and their systems allow the use of screen prompts.

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Not Specified

Sex
Not Specified

Key exclusion criteria

Practices will be excluded if:
1. They do not use electronic medical records
2. Their systems do not allow the use of screen prompts
3. They have already had significant training in identification of women experiencing domestic violence and established a referral pathway to an advocacy service

Date of first enrolment
01/07/2007

Date of final enrolment
30/06/2010

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
Community Based Medicine
Bristol
United Kingdom
BS8 2AA

Sponsor information

Organisation
The Health Foundation (UK)

ROR
https://ror.org/02bzj4420

Funder(s)

Funder type
Government

Funder Name
The Health Foundation (UK) (ref: 6421/4601)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	19/11/2011		Yes	No
Protocol article	protocol	02/02/2010		Yes	No